

[illegible]

10/47379/

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/		/	
2				/		/
3				/		/
4				/		/
5				/		/
6				/		/
7				/		/
8				/		/
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11				/		/
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36				/		/
37				/		/
38				/		/
39				/		/
40				/		/
41				/		/
42				/		/
43				/		/
44				/		/
45				/		/
46				/		/
47				/		/
48				/		/
49				/		/
50				/		/
Total Indep			4		4	
Total Depend			15		15	
Total Claims			19		19	